



# City of Seal Beach

## Bathroom Accessibility Grant Application

Applicant Name: \_\_\_\_\_

First

Last

Sex

Age

Co-Applicant Name: \_\_\_\_\_

First

Last

Sex

Age

Address: \_\_\_\_\_

Number

Street

Appt. #

Zip Code

Phone(s): \_\_\_\_\_

Home

Cell

email

Total number of persons living in the household: \_\_\_\_\_

Are there others living in your household who are NOT the Applicant or Co-Applicant? Y N

### **ETHNICITY (Circle One)**

White

Hispanic/Latino

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

Am. Indian/Alaskan Nat & Black /African American

Other Multi-Racial

### **FINANCES (check all that apply)**

Applicant **and/or** Co-applicant works

Applicant **and/or** Co-applicant receives retirement / pension / social security

Applicant **and/or** Co-applicant has a checking account

Applicant **and/or** Co-applicant has a savings account

Applicant **and/or** Co-applicant has investments (IRA, stocks, bonds, etc.)

Applicant **and/or** Co-applicant receives life insurance payments

Applicant **and/or** Co-applicant files taxes

Applicant **and/or** Co-applicant owns property, other than the Leisure World home currently lived in. If so, what is the address? \_\_\_\_\_

## **MONTHLY INCOME**

**Complete each section with the amount YOU AND/OR THE CO-APPLICANT receive monthly. (Make sure to include proof of this income in your returned application)**

\$\_\_\_\_\_ **Work:** enter the gross amount of income earned per month

\$\_\_\_\_\_ **Business:** if you/co-applicant operate a business or profession or earn income from a rental, real or personal property enter the net monthly income.

\$\_\_\_\_\_ **Interest or Dividends:** if you/co-applicant receive income from interest or dividends per month, enter that amount

\$\_\_\_\_\_ **Social Security:** enter the gross amount of Social Security payments (including Medicare) you/co-applicant receive per month.

\$\_\_\_\_\_ **Periodic Payments:** If you/co-applicant receive periodic payments from pensions, annuities, disability, retirement funds, insurance policies, death benefits, etc. enter that monthly amount.

\$\_\_\_\_\_ **In Lieu of Earnings:** enter any payments you/co-applicant receive instead of earnings (unemployment, disability compensation, worker's compensation or severance)

\$\_\_\_\_\_ **Public Assistance:** enter any monthly public assistance you/co-applicant receive.

\$\_\_\_\_\_ **Armed Forces:** enter all regular pay, special pay and allowances of a member of the Armed Forces that you/co-applicant receive.

\$\_\_\_\_\_ **Other:** enter any monthly alimony, child support, regular contributions/gifts, etc. you/co-applicant receive from persons not residing in your home.

\$\_\_\_\_\_ **TOTAL Monthly income:** add all the values from the boxes above to get a total monthly income.

\$\_\_\_\_\_ **Total Annual income:** multiply Total Monthly Income (in the box above) by 12

## **ASSETS**

**HUD does NOT penalize you for having savings. HUD only counts the interest you may earn on these assets as income. So for every \$100,000 in assets you have, HUD will count \$2,000 toward income. Please list the value of the assets you and/or the co-applicant have below.**

\$\_\_\_\_\_ **Checking:** enter the funds in your checking account(s).

\$\_\_\_\_\_ **Savings or CD's:** enter the funds in all your savings account(s), CD's, etc.

\$\_\_\_\_\_ **Stocks, Bonds, etc:** enter all the funds in your investment account(s)

\$\_\_\_\_\_ **Equity in investment property:** If you have investment property (not the Leisure World home you live in), enter the equity amount (value of the property less loan amount)

\$\_\_\_\_\_ **Other:** enter any other funds considered assets

\$\_\_\_\_\_ **TOTAL Assets:** add all the values from the boxes above to get a total value of household assets.

\$\_\_\_\_\_ **2% of Assets:** multiply Total Assets (in the box above) by 0.02 and enter the value



## **APPLICATION SUBMISSION CHECKLIST**

In order to complete your application for approval, please submit the following information:  
(feel free to cross out Social Security # and all but the last 4 digits of account numbers)

- The City of Seal Beach Bathroom Accessibility Grant Application**

**Verification of finances (include the following for all members living in the household)**

- All pages of current bank statements - checking and savings
- Investment statements (stocks, bonds, mutual funds, etc.)
- Social Security statements if you have them
- Your most recent Federal Tax Returns if you file them (all pages)
- Documentation on any investments to show your financial portfolio value  
W2s or 1099s where applicable

- Doctor's Analysis Form.** (Your doctor must complete the Doctor's Analysis Form that was included with this packet, but may mail the form separately from your application) The Doctor's form is required only for fiberglass bathtub cut-down and not for high-boy toilets.

\*NOTE: only fiberglass shower/tub units are able to be modified on this program.

**Return Entire Application & supporting documentation to:**



**City of Seal Beach  
c/o CivicStone, Inc.  
4195 Chino Hills Pkwy #267  
Chino Hills CA 91709**



# Doctor's Instructions

The City of Seal Beach has received a limited amount of funds to perform bathroom accessibility modifications for residents of Seal Beach. These funds are intended to help those who are in physical and financial need of assistance. The bathroom modification will take the existing tub and modify it into a walk-in shower; a bench can be added if desired. These improvements are completely free to Program Recipients and are paid for by HUD and the County of Orange. There are more needy applicants than funds available, so please carefully report the true physical condition of your patient.

Please complete the attached form for your patient at your earliest convenience and either fax, email or mail it to the address below. Please rest assured that CivicStone, Inc. will keep your report of your patient's health condition confidential.

There is a tight deadline for all applications and the sooner you complete and return the attached Doctor's Form, the sooner your patient's application will be reviewed.

Thank you for your assistance in this matter.

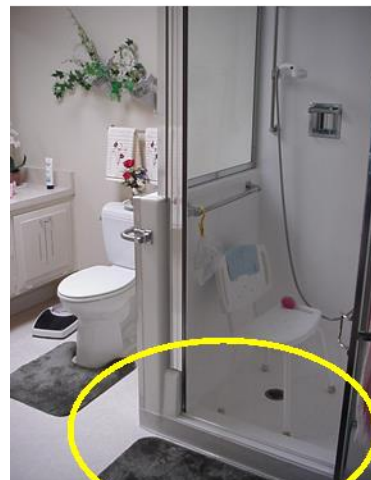
Monique Miner

CivicStone, Inc.  
4195 Chino Hills Parkway, #267  
Chino Hills CA 91709  
909-364-9000 phone  
909-333-4030 fax  
monique@civicstone.com

**Before Cut Down**



**After Cut Down**





# City of Seal Beach

## Doctor's Analysis Form

Leisure World Bathroom Accessibility Grant

To be completed by the Doctor ONLY - Please answer **ALL** questions

Patient's Name: \_\_\_\_\_

**Please rate the patient according to the following guidelines:**

**Serious or Severe** = patient struggles to get in and out of the tub/shower. There is a high likelihood of injury or accident. Discomfort or pain impedes appropriate hygiene.

**Moderate** = patient can get in and out of the tub/shower without fear of injury or accident. Manageable discomfort or pain does not impede appropriate hygiene.

**Mild** = patient has minor difficulty accessing the tub/shower. Appropriate hygiene is not impeded by pain or discomfort.

**Does the patient suffer from a condition that causes mobility problems?**

Yes  No

If yes, the patient's mobility problems are:

**Mild**  **Moderate**  **Serious or Severe**

The patient's mobility problem is:

Temporary  Permanent

**Does the patient suffer from a condition that causes pain with movement?**

Yes  No

If yes, the patient's pain is:

**Mild**  **Moderate**  **Serious or Severe**

The patient's condition that causes pain is:

Temporary  Permanent

**Does the patient suffer from a condition that causes a sudden loss of balance?**

Yes  No

If yes, the frequency of loss of balance is:

**Mild**  **Moderate**  **Serious or Severe**

If yes, the cause of the loss of balance is:

Temporary  Permanent

Doctor Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Doctor's Name

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Phone #

*\*All information on this form is strictly confidential and will be used only for the application review process and not for public information.*

Fax form to 909-333-4030, mail to CivicStone Inc. 4195 Chino Hills Pkwy #267 Chino Hills CA 91709  
or email to: [monique@civicstone.com](mailto:monique@civicstone.com)